

# GAS SYSTEMS INSTALLATION APPLICATION

141 NW Barstow Street, 4<sup>th</sup> Floor  
Waukesha WI 53188  
262-548-8617 / fax-548-8614

- ☐ LIQUID PETROLEUM GAS (LPG) SYSTEM  
☐ LIQUID HYDROGEN SYSTEMS  
☐ COMPRESSED NATURAL GAS (CNG) SYSTEM

- ☐ LIQUID NATURAL GAS (LNG) SYSTEM  
☐ GASEOUS HYDROGEN SYSTEMS  
☐ ANHYDROUS AMMONIA (NH<sub>3</sub>) SYSTEM

( ) Total # nurse tanks at location

<b>1</b>	<b>DIRECTIONS:</b> Personal information you may provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)] For LPG and LNG Systems using containers of 2000 gallons (4000 aggregate) or larger water capacity, CNG and NH <sub>3</sub> systems of any size, submit one copy of this form and four sets of scaled plans including two copies of applicable specifications along with the required fees to the above address. Containers moved within Wisconsin must have a data report or a legible rubbing / copy of the container nameplate stamping. <b>NOTE:</b> Inspections may be conducted during or after installation by authorized representative(s). Use a 2 <sup>nd</sup> form copy for more than four tanks are installed.																																			
<b>2</b>	<b>SCOPE OF WORK / OWNER INFO:</b> <input type="checkbox"/> Key/card code operation <input type="checkbox"/> Self service fueling <input type="checkbox"/> Revision (Check all boxes that apply) <input type="checkbox"/> New installation <input type="checkbox"/> Alteration/addition to an approved existing site																																			
	Site Owner Name			Site Owner Address				Site Owner City / State / Zip																												
<b>3</b>	<b>CONTAINER LOCATION</b>																																			
	Business Installation Name			Business Installation Address				City /Village/ Town		Zip Code																										
	Name of Fire Dept providing Fire Protection				Fire Dept ID#		County of Installation		Est.Completion Date:																											
<b>4</b>	<b>TANK &amp; APPURTENANCE SPECIFICATIONS</b>			Tank 1		Tank 2		Tank 3		Tank 4																										
	New Tank (Vessels must be registered with National Board)			Yes	No	Yes	No	Yes	No	Yes	No																									
	Used Tank(s) (Indicate WI or STATE of original tank location )																																			
	Manufacturer's Data Report Enclosed			Yes	No	Yes	No	Yes	No	Yes	No																									
	National Board #																																			
	Model , Serial or other #																																			
	Location (U- Under Ground, A- Above Ground, I- Inside)																																			
	MAWP or Working Pressure (PSIG)																																			
	Water Capacity / Surface Area (Indicate gallons / sq. ft)																																			
	Relief Valve (Indicate Manufacturer / Aggregate Capacity )																																			
	Excess Flow Valve			Yes	No	Yes	No	Yes	No	Yes	No																									
	Back Check Valve			Yes	No	Yes	No	Yes	No	Yes	No																									
	Float Gauge			Yes	No	Yes	No	Yes	No	Yes	No																									
	Outage Gauge			Yes	No	Yes	No	Yes	No	Yes	No																									
	Rotary Gauge			Yes	No	Yes	No	Yes	No	Yes	No																									
	Thermometer			Yes	No	Yes	No	Yes	No	Yes	No																									
	Emergency Shutoff Valve			Yes	No	Yes	No	Yes	No	Yes	No																									
	Piping Material Specifications (W-welded, T-threaded or B-both)																																			
	Piping Hydrostatic Relief Valves			Yes	No	Yes	No	Yes	No	Yes	No																									
	Corrosion Protection Provided			Yes	No	Yes	No	Yes	No	Yes	No																									
<b>5</b>	<b>FEES (Per Comm 2) MAKE CHECK PAYABLE TO: Safety &amp; Buildings Division</b> <table style="width: 100%;"> <tr> <td style="width: 35%;">TANK(s) INSTALLATION</td> <td style="width: 20%;">Plan Examination (per site) .....</td> <td style="width: 15%;">\$200.00</td> <td style="width: 15%;">.....</td> <td style="width: 15%;">.....</td> </tr> <tr> <td></td> <td>Site Inspection .....</td> <td>250.00</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>SELF SERVICE, DISPENSERS</td> <td>Plan Examination .....</td> <td>22.00</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>OR KEY CARD SERVICE</td> <td>Site Inspection .....</td> <td>43.00</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>REVISIONS OF APPROVED PLANS</td> <td>.....</td> <td>100.00</td> <td>.....</td> <td>.....</td> </tr> </table> <p style="text-align: right;"><b>TOTAL \$</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span></p> <p><small>NOTE: Comm 40.15 (2) Plan examination and up to 2 site inspections are included with the plan examination and inspection fees specified in s. Comm 2.43. If more than 2 inspections are required, then the inspection fees shall be determined in accordance with s. Comm 2.04.</small></p>											TANK(s) INSTALLATION	Plan Examination (per site) .....	\$200.00	.....	.....		Site Inspection .....	250.00	.....	.....	SELF SERVICE, DISPENSERS	Plan Examination .....	22.00	.....	.....	OR KEY CARD SERVICE	Site Inspection .....	43.00	.....	.....	REVISIONS OF APPROVED PLANS	.....	100.00	.....	.....
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<b>6</b>	<b>STATEMENT:</b> Application is made to the Department for conditional approval to install the above referenced system(s). Installation will be in accordance with the details described herein and attached plot plans, subject to the orders of the Department of Commerce. The installation will comply with the applicable provisions of Comm 40, 41 or 43 and all standards adopted by reference. A "certificate of installation" form shall be completed and made available for review by an authorized representative(s) and when required, a copy shall be forwarded to the local fire department within 10 business days of installation.  Phone ( ) _____ Print Applicant Name _____ Fax ( ) _____ Applicant signature _____ Date _____																																			
<b>7</b>	<b>RETURN PLANS TO:</b> (Please print or type)																																			
	Name					Company																														
	Street Address					City			State	Zip																										